Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Young for lowa, Inc. PO Box 162 ADDRESS (number and street) (Check if address is changed) Van Meter 50261 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS davidyoung@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) YoungForlowa.com (Check if address is changed) DATE 2018 C00545616 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kilgore, Paul, , , Type or Print Name of Treasurer Kilgore, Paul, , , [Electronically Filed] 06 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information be	low.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate
Name of Candidate Young, David, , ,	
Candidate Party Affiliation REP Office Sought: House Senate Presider	State IA District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	s connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separat committee. (i.e., nonconnected committee)	te segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds f committees/organizations, at least one of which is an authorized committee of a federal candid	•
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Committees Participating in Joint Fundraiser	
1.	
2. FEC ID number C	
3. FEC ID number C	
4.	

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FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Name	е	
Young for Iowa	, Inc.	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
REPUBLICANS INSP	IRING SUCCESS & EMPOWERMENT PROJECT (RISE F	PROJECT)
Mailing Address	PO BOX 2485	
	SPRINGFIELD VA 22152	
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative Le	eadership PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in po	ssession of committee
Kilgore, Pa	aul, , ,	ı
Full Name	,824 S Milledge Ave Ste 101	
Mailing Address		
	Athens , GA , 30605	
	Athens GA 30605	
Title or Position	CITY STATE	ZIP CODE
Treasurer		534 7780
8. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ame and address of
Full Name Kilgore, Pa	aul, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA 30605	
Title or Position	CITY STATE	ZIP CODE
Treasurer	706 Telephone number	534 7780

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Full Name of Designated			
Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone	number	
Ea	urlham Savings Bank 475 Mill Street		
Ea	ırlham Savings Bank		
Name of Bank, Depos Ea Mailing Address	urlham Savings Bank	IA	50261-0162
Ea	urlham Savings Bank 475 Mill Street P.O. Box 185	J IA STATE	50261-0162 ZIP CODE
Ea	P.O. Box 185 Van Meter		
Ea Mailing Address	P.O. Box 185 Van Meter CITY Sitory, etc.	STATE	
Mailing Address Name of Bank, Depos	P.O. Box 185 Van Meter CITY	STATE	
Mailing Address Name of Bank, Depos	P.O. Box 185 Van Meter CITY Sitory, etc.	STATE	
Mailing Address Name of Bank, Depos	P.O. Box 185 Van Meter CITY Sitory, etc.	STATE	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
			-	
	_	liated Committee, Joint Fu	ndraising Representati	ve, or Leadership PAC Spons
PROTECT THE H	HOUSE			
	DO DOV 20044			
Mailing Address	PO BOX 30844			
	BETHESDA		MD	20824
	BETTIESDA			
	d Organization		STATE A	
Connected	d Organization		oint Fundraising Represer	
Connected esignated Agent: Identify	d Organization	Affiliated Committee X J	oint Fundraising Represer	
esignated Agent: Identify	d Organization	Affiliated Committee X J	oint Fundraising Represer	
Connected esignated Agent: Identify Full Name	d Organization y by name, address	Affiliated Committee s (phone number – optional)	oint Fundraising Represer	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	d Organization y by name, address	Affiliated Committee s (phone number – optional)	oint Fundraising Represer	
esignated Agent: Identify	d Organization y by name, address	Affiliated Committee s (phone number – optional)	oint Fundraising Represer	Leadership PAC Sp

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected YOUNG VICTOR	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponso
Mailing Address	PO BOX 105		
	VAN METER	IA L	50261
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Designated Agent: Identi	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or management of Bank, Eagle	CITY CITY Tories: List all banks or other depositories in which aintains funds.	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposites safety deposit boxes or many sa	CITY CITY Tories: List all banks or other depositories in which aintains funds.	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	CITY ▲ CITY ▲ Tories: List all banks or other depositories in which aintains funds. Bank	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	CITY ▲ CITY ▲ Tories: List all banks or other depositories in which aintains funds. Bank	elephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ig i ai iioipanti		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
	Organization, Affiliated Committee, Joint Fundres		e, or Leadership PAC Spon
Mailing Address	PO BOX 30844		
Relationship:	BETHESDA CITY	MD STATE ▲	20824 ZIP CODE ▲
riolationomp.	OII I	SIAIL	ZII OODL A
Connecte	Affiliated Committee Joint Joint by by name, address (phone number – optional)		
esignated Agent: Identi			
esignated Agent: Identi			
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY	STATE A	ZIP CODE A
esignated Agent: Identi Full Name	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	elephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which aintains funds.	elephone Number	